U.Ş. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
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(4. · · , 3)	
1. File Number U - e 1777	2. Fiscal Year Covered From:
13039	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Terrence J HINION	Name TEMESTENS COCAL 340
	Labor Organization File Number 011 243
P.O. Box, Bidg., Room No., if any アとぶにル273	P.O. Box, Building and Room Number, if any PU BX 225 C
Street Sour	Street 144 TAGRUS START
City SLYTH POST/And	City South Tentlowel
State MITIN = ZIP Code + 4 24/16 Z)75	State 17:12:01 ZIP Code + 4 04//62236
5. Position in labor organization.	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Alama	
Name	
Trade Name, it any:	
Trade Name, it any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
P.O. Box, Bldg., Room No., if any	7.b. Amount.
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P.O. Box, Bldg., Room No., if anyt	7.b. Amount.
Trade Name, it any: P.O. Box, Bldg., Room No., if anyt Street City State ZIP Code + 4	7.b. Amount.
P.O. Box, Bldg., Room No., if anyl Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty o submitted in this report (including the information contained in any accompar undersigned's knowledge and belief, true, correct, and complete. (See the s	nature Perjury and other applicable panalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the
P.O. Box, Bldg., Room No., if anyt Street City State ZIP Code + 4 Sig 15. Signature and verification. The undersigned declares, under penalty o submitted in this report (including the information contained in any accompan	nature Perjury and other applicable panalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the

DISCLAIMER

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The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Signature

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